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infor

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

i i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importanee were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12101
1. PLACE OF DEATH	(3)
County Do cluster	Registration Dist. No.//6
Village or City Variouis will -	No. St., Ward
E/	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Automatical States of Control of Cont	22. HEREBY CERTIFY, That I attended deceased from 1933, to 1973
6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 19_3; death is sald
7. AGE Years Months Oays if LESS than 1 day,hrs.	to have occurred on the date stated above, at / fall of the PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Jadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month end spent in this counter) spent in this counter of the co	wero as follows: Uphaba Oate of onset of the state of the
10. Oate deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation occupation	Other Coutribatour Causes of importance:
12. BIRTHPLACE (city or town) 9 Co (State or county)	Munical Mos.
13. NAME Lenge Campu	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Windshi Wow.	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Jour Builty Can (Address) January Brile to	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Oate Oate Oate	Menner of injury
19. UNOERTAKER And Right Charles (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED/V-17, 1933 by, Gether hungle Registrar.	(Signed) Seffer Estimation M. D. (Address) With Seffer M. D.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 4 1934 II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 12102
County Torchester.	Registration Dist. No. 1 (0
	Np. St. Ward
14	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 13_yrsmos	ds. How long in U. S. if of foreign birth?yrsmos,ds.
2. FULL NAME Sarah U. Bears	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That t attended deceased from
6. DATE OF BIRTH (month, dey, and year) Tell (1840)	I last saw here elive on Ole 7, 1933; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 6 3 a.m.
93 \ 0 \ 2 \ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	General Paralysis
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. ID, Date deceased last worked at this occuration (month end spent in this securation (month end spent in this securation (month end spent in this securation).	
D. Date deceased last worked at this occupation (month end upgar) spent in this occupation contains the spent in this occupation.	Other Coatribatory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	other contractory contractors
II 13 NAME HERTICH S. Bears.	
I3. NAME Hervey S. Bears. I4. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Wes there an eutopsy?
# 15. MAIDEN NAME Sarah 5. Pixley.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT Miss F. E. Barger. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Tederas Surra Md. Date Dec. 10, 1933	Manner of injury
19. UNDERTAKER 5 TT YOUR TOUR DEON (Address) Federage Ray May	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)
20. FILED O. J. 1957 Communication of the Communica	(Address) Revelage Zon

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4 2 2 2 2 2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state

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Exact statement

properly classified.

certificate.

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AGE should be

STATE OF MARYLAND—CERTIFICATE OF DEATH

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- 1	,0	- 7	- 8	-8		15
_	-	-1	6	3	4	J

:	L. PLACE OF DEA	TH			(2)	
	County Dorch	ester				116
	Village or CityC		deeth occurrad		No. Eastern Shore State Hospit death occurred in a horpital or institution, give its NAME instead of 7 ds. How long In U.S. if of foreign birth? yrs.	St., Ward
	2. FULL NAME	Lena B	olvard			
	(a) Residence: No.			of abode)	St., Ward. If nonresident give city or	town and State
Service of the last of the las	PERSONAL AL	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DE	EATH
	Female W	or or RACE	5. SINGLE, MAR OR DIVORCE Sing	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 23 (Month) (Dey)	, 193 3 (Year)
	If married, widowed, or div HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY. That I April 3. , 1930 , to December	r. 23,, 19.33.
_	DATE OF BIRTH (month, da AGE Years	1	nknown	If LESS than	last saw h. OF elive on December 23,	., 19.000 ; death is said
1.		Months	Deys	1 day,hrs.	to heve occurred on the date stated above, at 1:05 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of import	ance
	25 8. Trada, profession, or r	Unknown	Unknow	III ormin.	were as follows:	Date of onset
OCCUPATION	SAWYER, BOOKKE 9. Industry or business is work was done, as SAW MILL, BANK, 10. Date decessed last worthis occupation (myaar) BIRTHPLACE (city or town	in which SILK MILL, etc orked at onth and	None None 11. Total t spe occurrence	ime (yeers) nt in this Jone upetion Jone	Pulmonary Tuberculosis Other Contributory Causes of importence:	7,15,133
12	(State or country))	Maryl	and		
ER	13. NAME	Joseph Bo	lyard			
FATHER	14. BIRTHPLACE (city or t (State or country)	town)U	nknown Unk	nown	Name of operation	
HER	15. MAIDEN NAME	Emma ?			23. If deeth wes due to external ceuses (VIOLENCE) fill in also the	
MOTHER	16. BIRTHPLACE (city or t (State or country)	own)	known Unk	nown	Accident, suicide, or homicide? Date of Inju Where did Injury occur?(Specify city or town, coun	ry, 19
	(Address)	S.Hospita Cambridge			Specify whether injury occurred in INDUSTRY, In HOME, or In P	UBLIC PLACE.
18.	BURIAL, CREMATION, OR	Troun	Depate Dec	24,1933	Mannar of Injury	
19.	UNDERTAKER Las	wille	Les	mpte	24. Was diseasa or Injury In any way related to occupation of dec	
20.	FILED/7-24	1933 17	Letter J	Registrar.	(Address) Cambridge	erre M.D.

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIA	IN
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VRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of info ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should statusE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP. ON is very important. See instructions on back of certificate.
PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT onld be carefully supplied. AGE should be stated EXACTLY EDEATH in plain terms, so that it may be properly classified. ery important. See instructions on back of certificate.
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County_L Registration Dist. No. 115 No. St., —
(Il death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?_____yrs.____mos._ Length of residence in city or town where deeth occurred 51/2 mos Felw (a) Residence: No. Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. 1f married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet I attended deceased from (or) WIFE of 1933 10 Dec 1 1933 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Months If LESS then 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance Oata of onset 8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION 9. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased lest worked et 11. Total time (years)
spent in this this occupation (month and occupation _____ Other Contributory Causes of Importance 12. BIRTHPLACE (city or town (State or country) 13. NAME C 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Share was there en eutopsy? My 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury ... Nature of Injury 24. Was disease or injury in eny way related to occupation of deceased? ________ (Address) If so, specify (Signed) LOCA Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
THEFT	OF TROLE	T OTE	T CICTIFIE	OTTENTION	47 A	THEOLOGIAN

V. S. No. 1 B.I.

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TION is very important. See instructions on back of certificate.

should state

1. PLACE OF DEATH County Donahala Village or City Canalas (16	Registration Dist. No. // St., Ward
Village or City Canalander	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (a) Residence: No. (Usual playe of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The service of the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of hayant Jane Holt	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Jays If LESS than I day,hrs. ormin.	I last saw have alive on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) year) 11. Total time (years) spont in this occupation	Chronic Integration 1981
12. BIRTHPLACE (city or town) Tresman (State or country)	Other Contributory Causes of importance:
13. NAME Analy Collaway 14. BIRTHPLACE (city or town). (State or country)	Name of operation Date of What test confirmed diagnosis? Classical Was there an au'opsy? Lag
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was dua to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Stafferd Date Date 1933	Manner of injury Nature of Injury
19. UNDERTAKER Trank C. Albangh (Address) Can to Ap mot	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2-19 1933 DT Salles & Make Registrar.	(Signed) Address) M. D.

CTATE OF MADVIAND_CEPTIFICATE OF DEATH

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Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

			Series No Division of Vital Statistics y local Registrar)
N	nfor- USE very	County of orche Ler	West Virginia State Department of Health
Form	of is	District	CERTIFICATE OF DEATH 12106 (For State Reg. use only)
D. V. S.	Every item should state	(If death occurred in a	No
6	NS.	(a) Residence. No	days. How long in U. S. A., if of foreign birth? yrs. mos. days.
	EC ICI	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M)	NT R PHYS	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed or Divorced (write the word)	16 DATE OF DEATH (Month, day and year)
5	[II] (0)	male: lot: Dungle.	17 I HEREBY CERTIFY That I attended deceased from
BINDIN	CTEY.	51 If married, widowed or divorced *** HUSBAND of	Wee. 1.8 , 19.33, to Lec. 18 , 193
N.	W /	(or) WIFE of (Give full maiden name)	that I last saw h allve on A
OR	EXA fed.	6 DATE OF BIRTH Wee. 18, 938.	and that death occurred on date stated above, at
LL.	ted assi	7 AGE Years Months Days If LESS than	The CAUSE OF DEATH was as follows: (Primary or beginning cause)
>	B tat	Still horro - 1 day hrs. or min.	- Steelhors
SERV	INK—Thould be properly floate.	OCCUPATION OF DECEASED	
RES		(a) Trade, profession or particular kind of work	(Duration)yrsmosds
RGIN	ADING AGE she may be of certi	(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Secondary or finishing cause) (Duration) yrsmosde
MA	NFA It m	9 BIRTHPLACE (city or town). Delmile	18 Where was disease contracted,
	In O	(State or country)	If not at place of death?
; not)	supplie so that	10 NAME OF James allen Kampes	Did an operation precede death? Date of
1	< =	of 11 BIRTHPLACE OF FATHER (city or town) Dienna M	Was there an autopsy?
•	AINLY, V carefully In terms,	(State or coutry)	(Signed) C. Mayles M. F.
	E E	12 MAIDEN NAMEDIA Dennard	(Address) Wardela & puips Ind.
	in p	13 BIRTHPLACE OF MOTHER (city or town) Jeenna (State or courdy)	19 PLACE OF BURIAL Cremation or Removal Colored Cernelry & come
	- 1	14 SIGNATURE OF OF ISSA SER'S	Date of Burlal 20 Undertaker
	N. B.—WR mation shoof DEAT important.	INFORMANT (Address)	Dec 19 tamely
	Z E O T	15 Received Dec/9 1933 Elegalieth M. brak.	June Me

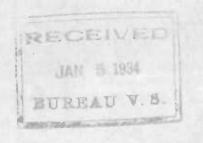
Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association)

sons who have no occupation whatever, write None been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer, (retired 6 years). For pershould be taken to report specifically the occupations of persons engaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. minc. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers tory. The material worked on may form part of the second statement. Neverreturn "Laborer," "Foreman." "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Labor—Coal Housewife, Housework, or At home and children not who receive a definite saiary) cxampies: statement; it should be used only when needed er, Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planttion applies to each and every person, irrespective of man. (b) Grocery; (a) Foreman. (b) Automobile facfore an additional line is provided for the latter (b) the nature of the business or industry, and thereis necessary to know (a) the kind of work and also many cases, especially in industrial employments, fuiness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of occupation .- Precise statement of oc Civil engineer, For many occupations a single word or term on (a) Spinner. Stationary fireman, etc. (b) Cotton mill; (a) Architect, Locomotive engimay be entered But in Sales-Care

Bronchopneumonia (secondary), 10 ds. Never port meré symptoms or terminal conditions, such "Asthenia," "Anemia" (merely symptomatic), "At phy," "Collapse," "Coma," "Convuisions," "Debilit Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"), Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Example: Measles (disease causing death) current) affection need not he stated unless important nephritis, etc. Chronic valvular heart disease; maiignant neopiasms); Carcinoma, Sarcoma, etc., of (name origin "Cancer" is less definite; avoid use of "Tumor" for accepted term spect to time and causation), using aiways the same Tuberculosis Statement of cause of death.-Name first the DIScausing death (the primary affection with 0 The contributory (secondary or inter TOP lungs, peritoneum, meninges, the same Meastes, disease. Chronic interstitiai Whooping Examples; "Debility cough

> on Nomenciature of the American Medicai Associaquences (e. g. sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee from childhirth or miscarriage, as Puerreeal septi-cemia," "Puerreeal peritonitis," etc. State cause for ness," "Marasmus," "Old tion.) nature of the injury, as fracture of skull, and consesuch, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Poisoned by carbolic acid—probably suicide. ACCIDENTAL, SUICIDAL, ("Congenital," tion," "Heart tran--accident; Revolver wound of headif impossible to determine definitely. etc., when a definite disease can he ascertained cause. Accidental "Senlie," " Aiways qualify all diseases resulting enlie," etc.), "Dropsy," "Exhausure," "Hemorrhage," "Inanition," age," "Shock," "Uremia," "Weak drowning; OR HOMICIDAL, struck or as probably Ro -homicide; For viorailway Exam



STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
DEATH				

1. PLACE OF DEATH		MARYLAND—	CERTIFICATE OF DEATH
Village or City Length of residence in city or	mes	None	Registration Dist, No. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. il of foreign birth? yrs. mos. ds.
2. FULL NAME In (a) Residence: No.	fan t (Salem 1		St., Ward. If nonresident give city or town and State
PERSONAL AND	TATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whi		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH cember 19, 1933
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. HEREBY CERTIFY, That I attended deceased from Not at all to 19
6. DATE OF BIRTH (month, day, and 7. AGE Years 5 Mo.abortic	Months n	Oays 19, 1933 Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at About
8. Trade, profession, or particular kind of work done, as S SAWYER, BOOKKEPER, 9. Industry or business in white work was done, as SILK SAW MILL, BANK, etc 10. Oate deceased last worked this occupation (month a year)	etc :h MILL, 	11. Total time (years) spent in this occupation	5. Mo. abortion Cause unknown.
12. BIRTHPLACE (city or town) (State or country)		Md.	out contains of miporance.
13. NAME Charles 14. BIRTHPLACE (city or town) (State or country)	Dorch 1	nester Co.	Name of operation Date of What test confirmed diagnosis? Was there an autopay?
15. MAIDEN NAME Nom 16. BIRTHPLACE (city or town) (State or country) Chas. C	Dorch Ma oa tes	stopher nester Co.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATION OR REMO	"Lud	Date/V-20 ,1933	Manner of injury
19. UNDERTAKER (Address)	el,	Critic	24. Was disease or injury in any way related to occupation of deceased? If so, specify NO
20. FILEO /2 -2 0, 193	3 1) 4	cheef F. Mesking	(Signed) Tambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Paltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related caus of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		100 100 100 100 100 100 100 100 100 100	
		manufacture and a second and a	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

- 1	6	8	64	0
1	4	1	U	0

1. PLACE OF	DEATH	The sales		92	. /
County	Dorchester			Registration Dist. No//	6
Village or City	Çalbridge			No Rastern Shore State Hospitalst,	
Length of residen	nce in city or town where do	eath occurred		death occurred in a hospital or institution, give its NAME instead of street an	
2. FULL NAM	E <u>lia</u>	tthew F.	Creighton		
(a) Residence:	No. Fishing C	reek, 1d. (Usual place of	abode)	St., Ward. If nonresident give city or town a	nd State
PERSONAL	L AND STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	. COLOR OR RACE White	5. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH December 8, (Month) (Oay)	, 198 ³
5a. If married, widowed, HUSBAND of	or divorced				
(or) WIFE of	Leona Aar	on		22. I HEREBY CERTIFY, That I attended June 30, 19 33 to Danuaber 8	
A DATE OF BIRTH (0-1-2	1050	I last saw h_imalive onDecember 81950	
6. DATE OF BIRTH (mo	Months	October 6 Oays	1859 If LESS than	to have occurred on the date stated above, at 6, 02 Pm.	, death is said
74	2	2	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession kind of world	L dans or ODINISIED	ystem an		to the continue of the	72 200
9. Industry or bus	siness in which			Arteriosclerosis	aro
SAW MILL,	BANK, etc	ysterman			
	ion (month and	11. Total tim spant	in this		
	yra.ago		ation Life	Other Contributory Causes of importance:	
12. BIRTHPLACE (city o	r town) Fishing		d		
		yland			
13. NAME	Robert Cr				
14. BIRTHPLACE (c	ity or town) HOOPE		d.	Name of operation	
				What test confirmed diagnosis? Was there a	
Ξ -	The state of the s			23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Oate of injury	
State or co	ity or town)Haaps. ountry)	rs-1-stand		Where did injury occur?	, 1J
17 INCODMANT	S.S. Wasnitel	Pagada	•	(Specify city or town, county and S Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC	tate)
(Address)	Cambridge	d.			
18. BURIAL, CREMATIO	n, or remova	Date DOM	1019313	Manner of injury	
9	£00.	Para	AT-	Nature of injury.	7
19. UNOERTAKER (Address)	2	Licon	your !	24. Was disease or injury in any way related to occupation of deceased?	9
10 4	con Di H	11/20 FILL	willing	(Signed) Sarles Cabil	Ahlun
20. FILE	7/219 -/, 10		Registrar.	(Addess) Sambridged.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
JAN 4 7/01				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ARGIN RESERVED

S. No. 1

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURBAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	
EATH					

9	6	1	1	A
1	4	1	1	U

1. PLACE OF DEATH	
County Derekester).	Registration Dist. No. / 1 &
Village or City Cambridge	death occurred in a hospital or institution, give its NAME instead of street and number?
Langth of residance in city or town where death occurredyrsmos	
2. FULL NAME Settie J. Esham	
(a) Residence: No. Berlin (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH December 10th, 1933 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of George & Esham	82. I HEREBY CERTIFY, That I attended deceased from November 2 Mg 33, to Seember 10, 1933
6. DATE OF BIRTH (month, day, and year) February ? 1852	I last saw h. er alive on December 10, 19.3.3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at \$m.
8 / / / 0 ? ? / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	arterioselerosis 1926
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oate deceased last worked at this occupation of month and	
10. Oate deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
I 13. NAME GVilliam Floyd	
14. BIRTHPLACE (city or town) Lunchow (Stete or country)	Nama of operation Oate of
	What tast confirmed diagnosis? Wes there an autopsy?
E Daniel	23. If daath was due to axternal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
Stata or country)	Where did Injury occur?
17. INFORMANT Stern Share State Wood Peca	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMITION, OR REMOVAL	Manner of injury
Place Date Date 4, 19 8	Nature of Injury
19. UNDERTAKER MAJM Gafu Vatgor (Address)	24. Was disaase or Injury in any way related to occupation of daceased?
20. FILEDALES 11. 1833 DT. Glibert F. Therking.	(Signed) Charles Jakure M. D. (Attross) Cambridge Mary D
And the second s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Dr. Meakins.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TOTAL OF SELECT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor-
M	item of
,	Every
D	RECORD.
BINDING	ERMANENT
FOR 1	IS A P
SERVED	NK-THIS
MARGIN RESERVED FOR BINDING	B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
	WITH
	PLAINLY,
. No. 1	B.—WRITE

should state

PHYSICIANS

stated EXACTLY. properly classified.

AGE should

CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back

mation should be carefully

V. S. No. 1

certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	900
County Darchester	Registration Dist. No.
Village or City Charlage	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Farrow Fo	rran
(a) Residence: Np. Cine	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Danie 1850	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
83 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	Carebral Hemenhage (2:27:3.
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	- artimochimen Benefit 1923
work was done, as SILK MILL, SAW MILL, BANK, etc.	Chronic Nalvula Heart Donan 1925
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1923 spent In this occupation)	1720
12. BIRTHPLACE (city or town) Stone Boundary Cash	Dther Contributary Causes of importance:
(State or country) Suchester to	- Inquist waired
14. BIRTHPLACE (city or town)	My State attarney
4. BIRTHPLACE (city or town). (State or country) Dorches to M	Neme of decretion
	What test confirmed diagnosis? A way Was there an autopsy?
Ξ /	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT D. C. MY, Campus (Address) 2 3 4 Para St	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Detail sem Date 12-29, 1934	
19. UNDERTAKER LEWIS Baymus (Address) Cambride md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 12-29, 1933 DJ- Liebert Mrs. Registrar.	(Signed) Carrell motern M. D. (Address) I me tale (4)
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

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Example 1		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

V. S. No. 1 B ż TION is very important. See instructions on back of certificate.

STATE	OF	MARYL	AND-	CERTI	FICAT	E OF	DEAT	

1	PLACE OF DEATH				(37)
,0	County Dorchest	er		/	Registration Dist. No. 116
(Village or City Cambr	idge,]	le.		No T Ct Word
	Length of residence In city or to	un urbana dasah	4	5	death occurred in a hospital or institution, give its NAME instead of street and number)
			occurred	yrsmos	ds. How long in U.S. If of foreign birth?rsmosds.
1	. FULL NAME John			•	
	(a) Residence: No. Cal	noriage	(Usual place of	f ahode)	St., 4 Ward. If nonresident give city or town and State
- COUNTY	PERSONAL AND ST	ATISTICA	L PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR R		INGLE, MARR	IED. WIDOWED.	21. DATE OF DEATH
	Male hite			(write the word)	December Ist, 1935 (Month) (Day) (Year)
5a.	If merried, widowed, or divorced HUSBAND of	lie Wil	1- 1 es	•	
	(or) WIFE of	1.40	TID		22. I HEREBY CERTIFY, That I attended deceased from
6	DATE OF BIRTH (month, day, and ye	an 3/II	5/图853		I last saw h. www. alive on Oee 1933; death is said
		lonths	Days	If LESS than	to have occurred on the date stated above, at JQ_Pem.
	80 8	3	IS	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
z	8. Trade, profession, or particular kind of work done, as SPIN		7	0	Dete of onset
T10	SAWYER, BOOKKEEPER, etc	iner, BI	roker-	Inolluce	acute hyphritis rarleno
UPA	9. Industry or business in which work wes done, as SILK MI SAW MILL, BANK, etc	LL,	x	-	relevois 1
OCCUPATION	10. Data deceased lest worked et	0 / 7 / 7	11. Total tim	ne (yeers)	
	this occupation (month end year)	3/1/0	spant occup	ation	2
12.	BIRTHPLACE (city or town)	larolin	ie Co.		Other Contributory Canges of Importance:
	(State or country)		Md.		
IER	13. NAME Zebedec	Fount	ain		
FATHER	14. BIRTHPLACE (city or town)	Caroli	ne Co	•	Name of operation
	(State or country)		112		What test confirmed diagnosis? Was there an au'opsy?
HER	15. MAIDEN NAME	Not kin	LOWNI.		23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)	7			Accident, suicide, or homicide?
	(State or country)		.A.		Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT Fugh	ountai bridge	n.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL		, 100.		20101
	Place Cambridge,		te I2/4	1/33.19	Nature of injury
	UNDERTAKED Granvil	70 0	Тольно	- d	
19.	UNDERTAKER	le S.	LeCom	T.C.	24. Was disease or injury in any way related to occupation of deceased?
		184	1:00	1= no 1	(Signed) M.D.
20.	FILED 14 4 , 19 3 -)h.//9	chli	Registrar.	(Address) Camping m

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.-The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

very

SI TION

-WRITE

B

OCCUPA.

If more blanks are needed,

(Year)

Date of onset

23

There	24. Was disease or injury in any way related to occupation of deceased? NO
1	If so, specify
Della so	(Signed) All Collman M. D
Registrar.	(Address) Federalsburg, Md.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
8 TANAGE V. 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	CORD. Every item of infor-	PHYSICIANS should state	ect statement of OCCUPA-	
FOR BINDING	S IS A PERMANENT RE	e stated EXACTLY.	e properly classified. Exa	f certificate.
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PI	mation shou	CAUSE OF	TION is ver

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		114
County Non election.	Registration Dist. No. 11	2
161	death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where deeth occurred	ds. How long in U.S. if of foreign birth?yrs,t	mosds.
2. FULL NAME Tufus word	a velgher.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town as	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) What What OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 3
5a. If merried, widowed, or divorced HUSBAND or (or) WIFE of and Besspitch	22. I HEREBY CERTIFY, That I attende	, , , , ,
6. DATE OF BIRTH (month, dey, end yeer) ? Seft 25 1872	Hast saw hall alive on Dec. 3 / 193	3 death is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the dete steted above, at 2. P. m.	, 00011113 3014
. 6/ 3 (1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:	I December 1
Z 8. Trade, profession, or particular kind of work done es SPINNER		Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked et this occupietion (month end	Carbunde.	Nac 10,9
work was done, es SILK MILL, SAW MILL, BANK, etc		24-42
10. Dete deceased lest worked et this occupetion (month end year) 11. Total time (years) spent in this occupetion call	<i>j</i> ,	
12. BIRTHPLACE (city or town) Veenna	Dther Contributory Causes of importance:	
(State or country) The .	· Cervical Esenites	Nec 20, 95
13. NAME Columbus Thughes. 14. BIRTHPLACE (city or town). Jungar		
14. BIRTHPLACE (city or town) Jacobs	Name of operation Date of	
(State of country)	What test confirmed diegnosis? Was there en	eutopsy?
15. MAIDEN NAME Margaret Tradskew. 16. BIRTHPLACE (city or town). Lumin.	23. If deeth was due to external causes (VIOLENCE) fill in elso the following	
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Brace Stugles	Where did injury occur? (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	ate) LACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place 6 agre Hall Date Jan 7 , 1934	Nature of injury	
19. UNDERTAKER That Grant Hari (Address) Sharptown met	24. Was disease or injury in any wey related to occupation of deceased?	
20. FILED Jan 1 , 198 & Elipalierla & braft - Registrar.	(Signed) Mardala Assure	no Mes
If more blanks are needed, address State Registrar	2422 N. Charles Street Bellimore Pagneting 71 S. No.	1

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BUREAU V. 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	100
Sounty horchester	Registration Dist, No.
Village or City Cancerage (If	death occurred in a hospital oransitution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 33 yrs mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Carreson June	St. 2 Ward.
(a) Residence: No. // / (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (corrice the word) Series	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HU 3BAND of (or) WIFE of	22 I HEREBY CERTIFY, That I attended deceased from
1001 3.0	12-15 ,1937,10 12-17 ,1933
6. DATE OF BIRTH (month, day, and year) /880 Feb. 2	I last saw h. Lam. alive on 12-12, 19-33; death is seid
7. AGE Years Months Deys If LESS than 1 day,hrs.	to heve occurred on the date steted ebove, at
R Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jun 12-12-3
Andustry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Cambridge	Other Contributory Causes of Importance:
(State or country) Noz Cog Mil	
13. NAME Jukuauu	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? 2.2. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wary Funde 16. BIRTHPLACE (city or town) Cambrille (State or country)	Accident, suicide, or homicide?Date of injury19
(State or country) Long Con ML.	Where did injury occur?
17. INFORMANT CHILL Fourse Chase (Address) 2/4 Pine St	(Specify city or lown, county and Stale) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Waugh Churter Date Dec 20, 1933	Menner of injury
19. UNDERTAKER) T. M. C.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Lev, 20, 1933 Dr. Filbert E. Merkers	(Signed) And Single M. D. (Address) 29-2 Line J. D. Australy Wa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	• • • • • • • • • • • • • • • • • • •	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	ITSICIAN
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A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12116
sta UP.	1. PLACE OF DEATH	129
f OCC	county Dorchester -	Registration Dist. No.
of C	Village or City Cambridge (1)	Notation Short State Vsg spiral or institution, give its NAME instead of street and humber)
l it		13 ds. How long in U.S. If of foreign birth?yrsdsds.
ct statement	2. FULL NAME Charles T. Humphr	eys)
stat	(a) Residence: No. Salesbury (Usual prince of abode)	St., Ward. If nonresident give city or town and State
act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH December 8 7 , 1983 (Month) (Day) (Year)
classified	5a. If merriad, widowad, or divorcad HUSBAND of	22. I HERENBY CERTIFY, That I attended deceased from
lass	(or) WIFE of	april 3rd, 1930, 10 December 8, 1933
6	6. DATE OF BIRTH (month, day, and year) July 9 Th 1906	I last sw h in alive on December 8 , 19 2 3; deeth is said
property certificate	7. AGE Years Months Deys If LESS than 1 dey,hrs.	to have occurred on the date stated above, at. 7. 45.P.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
cert	- 8. Trade, profession, or particular	ware as follows:
of	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	123.3
back	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
n b	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
instructions	yaar) occupation (month and spant in this	Other Contributory Causes of importance:
	12, BIRTHPLACE (city or town)	
nine	(State or country) Mary 13. NAME Charles 1000 H	
	T	Name of operation
See	14. BIRTHPLACE (city or town) Salesburge (State or country)	What test confirmed diagnosis?
int.	15. MAIDEN NAME Bertie Virginia Tivilley	23. If death was dua to external causes (VIOLENCE) fill in also the following:
Orte	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
du	Et 10 Pt TOWN AND AND	Where did injury occur? (Specify city or town, county and State)
very	17. INFORMACIA SILVANIA STATE (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
2	18. BURIAL, CREMATION, OR REMOVAL Place lockarolle Date Deed 10., 1933.	Mannar of Injury
THON	19. UNDERTAKER Holloway & & maryland	24. Was disease or injury in any way related to occupation of deceased?
)	20. FILED Dec. 9., 1983 D. Fiellet Which Registrat.	(Signed) Maryland M. D. (Address) Smaryland Francisco Control of Maryland
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. Ho. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Dorchester	Registration Dist. No.
Village or City Combridge	No Camb-Maryland Storefutal Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of seet and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Sufant Sturley	
(a) Residence: No. (Cast Men Alace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 2007 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lugle	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That t attended deceased from
6 DATE OF BIRTH (month day and year)	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, 1 hrs. or 1 min.	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, as SPINNER, Kone SAWYER, BDDKKEEPER, etc	Miscarriege
SAW MILL, BANK, etc. 1D. Date deceased last worked et this occupation (month end year) year) Occupation	(3 wha)
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME Califford P. Herley	
14. BIRTHPLACE (city or town)	Neme of operation
16. BIRTHP(ACP (city or town) Usad (State or country)	23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Droffune Hurley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURNAL CREMATION, DR REMOVAL hospital Date , 19	Menner of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED 2-18, 19. 33 D. Gelee E. Mes. K. Registrar.	(Signed) Da-17. Chriver M. (Midress) Cambridge M.
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2

certificate.

See instructions on back

should state

OCCUPA-

1. PLACE OF DEATH	11-P
County Locchester	Registration Dist. No. //D
Village or City Petersburg	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs,	mosds. How long in U.S. If of foreign birth?yrsmosds
(a) Residence: No. Hurlack Md (Usual place of abode)	R.F.U. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
Female Color or RACE 5. SINGLE, MARRIED, WILL OR DIVORCED (write the Single)	DOWED. 16 word) 21. DATE OF DEATH (Month) (Dey) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. OHEREBY CERTIFY. Thet i attended decessed from
6. DATE OF BIRTH (month, day, and year) Vetober, 12th	19 I last saw h alive on Col 19-33; deeth is seid
7. AGE Yeers Months Deys If LE	SS than to heve occurred on the date steted above, at 2-3-0-P-m.
22 1 19 1 day,-	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years this occupation (month end	Induina
10. Date deceased last worked et this occupetion (month end yeer)	Life
12. BIRTHPLACE (city or town) Peters Turia. (Stete or country) Dore Rester Co.	Other Contributory Causes of Importance:
I 13. NAME Waster Sfory,	
13. NAME Varter Spry, 14. BIRTHPLACE (city or town) Peter surva, (Stete or country) Doxchester Co.	Name of operation Date of
	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Tucy 5.ach son. 16. BIRTHPLACE (city or town) Letersburg. (State or country) Dorchester Co. D.	Accident, suicide, or homicide?
17. INFORMANT Bisabeth Quilling (Address) Hullock, Md & F. K.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	

STATE OF MARYLAND—CERTIFICATE OF DEATH

If so, specify

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Gallstones	May 1,1923	Gastroenteritis	1 year

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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REDRAND A'R			
Other contributory causes of importance:		Other contributory causes of importance:	2.20
Gallstones	May 1,1923	Gastroenteritis	1 year

S	tem of infor should state of OCCUPA
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
DING	IANENT REC ACTLY. I issified. Exac
FOR BIN	SIS A PERM stated EX properly cla
ESERVED	INK—THISTE Should be lat it may be son back of
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated ENCAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
3	INLY, WIT'S be carefully EATH in plai
	TRITE PLAI tion should USE OF DI
H	CA

B.-WRITE PLAINLY,

ż

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12119
1. PLACE OF DEATH	<u> </u>
Courty Do chisler	Registration Dist. No.
Village or City Car Widge	No. Mary mit it of st., Ward
Length of residence in city or town where death occurredyrsmos	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sullborn of with	a. W. A
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Single Married, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBANO of (or) WIFE ot	22. I HEREBY CERTIFY, That I attended deceased from
100- 1- 1622	lest saw h
6. DATE OF BIRTH (month, day, and year) Dec. 7-1933 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.10 4 m.
stile Born - 1 day, hrs.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in this	Still Royn at 6 months
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
m	Other Contributory Causes of importance:
12. BtRTHPLACE (city or town) (State or country)	
# 13. NAME Harry 7. Juliuson	
14, BIRTHPLACE (city or town)	Name of operation Dete ot Dete ot
1 (State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Mary 3. huyes 16. BIRTHPLACE (city or town) mp	23. if death was due to external causes (VIOLENCE) fill in also the following:
[5] 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Morry 2 Minimum (Address) Councilly ml	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Orpural of up to Oate 12-2 7 1933	Manner of injury
	Neture of injury
19. UNDERTAKER Trainy 7. Julium Faither	24. Was disease or injury in any way related to occupation of deceased? 24.
(Address) Careling My	If so, specify (Signed). Juy Stute A. M. C
20. FILED/2-2) ,1933M. Juliut Much. Registrar.	(Address) Cambrilge Mik

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUNEAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B should state

of OCCUPA-

ut		Length of resid	ence in
tateme	:	(a) Residence	
s 101	_	PERSON	
EXS	3.	Fember 1	4. COL
ciassined.	5a.	If married, widowe HUSBAND of (or) WIFE of	d, or div
roperly rtificate.	_	DATE OF BIRTH (F	
nat it may be p as on back of ce	OCCUPATION	8. Trade, profess kind of we SAWYER, 9. Industry or be work was SAW MILL 10. Date deceased this occupyear)	ork done BOOKKE usiness done, as , BANK, d last we
s, se t	12.	BIRTHPLACE (city (State or count	
ain terms, See instr	FATHER	13. NAME 14. BIRTHPLACE ((State or o	
nportant.	MOTHER	15. MAIDEN NAM 16. BIRTHPLACE ((State or c	E city or t
FION is very important		INFORMANT	- 4
TIO	19.	UNDERTAKER 9	n

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12122		
1. PLACE OF DEATH	(143)		
County 0 V V V	Registration Dist. No.		
Village or City Cambridge	No Couldy & Mil Horff - St., Ward		
Length of residence in city or town where death occurredyrsm	If death occurred in a hospital or institution, give its NAME instead of street and number) asds. How long in U.S. If of foreign birth?		
2. FULL NAME and Junes	, John J.		
(a) Residence: No. Cambridge 270,	St Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED WINDOWED	MEDICAL CERTIFICATE OF DEATH		
OR DIVORCED (write the word)	21. DATE OF DEATH OPE 4th 1930		
5a. If married, widowed, or divorced	(Month) (Day) (Year)		
HUSBAND of System Junes	22. I HEREBY CERTIFY. That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) 4 be. 7 -1915	I last saw h. elive on 0. 3 190 2 death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 84.7 A.m.		
16 7 1 27 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, Awrended SAWYER, BOOKKEEPER, etc.	think Cellis Partinite		
9. Industry or business in which	following Cuesarian section		
work was done, as SILK MILL, as formu	francis and a seem		
10. Date deceased last worked at this occupation (month and the spent in this year) this occupation.			
12. BIRTHPLACE (city or town)	Other Contributary Causes of importance: Turne shuped from all Contracted		
(State or country)	John Plocenta abupta		
13. NAME Stephen 15. Milon 14. BIRTHPLACE (city or town)	with fortin dead ratementin esters		
14. BIRTHPLACE (city or town)	Name of operation when the Date of		
(State or country) 15. MAIDEN NAME Wany Young	What test confirmed diagnosis?		
T	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19		
17. INFORMANT and from (Address) Catumby m. Coro	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL FIRE THE MENTER	Manner of injury		
Place Camb. md. R. 7. D., Date 12 _ 6 , 19 33	Neture of Injury		
19. UNDERTAKER D. M. St. Olsic	24. Was disease or Injury In any way releted to occupation of deceased? ~~		
(Address) Cambridge and.	If so, specify		
20. FILED 12-4, 1933 Dr. Leberte Merking. Registrar.	(Signed) M. D. (Address) Carrhy Mr.		
Acgistrat.	(routess)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

Exact statement of OCCUPA-

V. S. No. 1

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY, WIT TION is very important. ż

1. PLACE OF DEATH	
· D-01. 0.	Registration Dist No. // 6
County Orrenta	14 00 : + 1+10 64
Village or City Caulanty 1	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	
July by	
2. FULL NAME	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OUR INT 193 3
is If married widoward at discoord	(Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
s. DATE OF BIRTH (month, day, and year) Vac [- 1933	I last saw h alive on Oze . L , 19.2 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at[Dm.
attle Brim 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Torlin deal in With
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	for tin day to from leting
10. Date deceased last worked at this occupation (month and occupation (work) apart in this occupation occupation	
MA	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
1 13. NAME Syrling made	
	ame
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Coly Wilton	What test confirmed diagnosis?
Occasi	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury 19
Charles of Country of the Country of	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 19 3	Nature of injury
19. UNDERTAKER Souls Junes Futher	24. Was disease or injury in any way related to occupation of deceased? 24
(Address) Cerriling R70	If so, specify
or suco 12 1 10 23 has elich. Dreek	(Signed) M. D
20. FILED 4 - , 19 3 S T Registrar.	(Address) Cambrigo Mi

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PIRMARY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 12124
County Porcheste	2.	Registration Dist. No.
Length of residence in city or town where de 2. FULL NAME Stall (a) Residence; No. 213 C		No. 213 Cedar Cox St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
	(Usual place of abode)	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5a. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days 11 LESS than I day,hrs.	1 I HEREBY CERTLEY. That I attended deceased from 19.33, to 19.33; death is said to have occurred on the date stated above, at 11.30 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc		Stillborn
12. BIRTHPLACE (city or town) Carra (State or country)	11. Total time (yeers) spent in this occupation	Other Contributory Causes ol importance:
13. NAME V mfuld 14. BIRTHPLACE (city or town) (State or country)	ma	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cilian 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	Jones Va Jash	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OF REMOVAL	Date 12-13, 19.33	Manner of Injury
19. UNDERTAKER John Colli (Address) Cambri 20. FILED 12-13, 19.33 Pr	ng. ma filbert & Meekina Registrar	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)
If more blo		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	コッた
1. PLACE OF DEATH	107-2	120
county Dauchestier	Registration Dist. No.	6
oVillage or City Kambenidge na	NoSt.,	Ward
Length of residence in city or town where death occurred 24 yrs. 3931 mos.	death occurred in a hospital or institution, give its NAME instead of street and null death. death dea	mber)
2. FULL NAME of ank boulden		
(a) Residence: No. 18	St. Ward Daamburge	911
(Usual place of abode)	St., Ward. If nonresident give city or town and St	inte (
PERSONAL ANSTATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH.	
Male Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while the word)	21. DATE OF DEATH Comber 24" (Month) (Day)	193 9
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Septeated	22 OF 17 EBY CERTIFY That I attended do	ceasad from
6. DATE OF BIRTH (month, day, and year)	I last saw have alive on Dec 84 1933.	daath is sald
7. AGE Yaars Months Days If EESS than '	to have occurred on the date stated obove, atm.	douth 15 Jail
· 40	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Conchas	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL,	Mussona	76 10/3
SAW MILL, BANK, atc.		47
O 10. Data deceased last worked at this occupation (month and spent in this occupation occupation occupation		Dea
12. BIRTHPLACE (city or town) North Callina (Stata or country)	Othar Contributory Causes of importance:	24/33
13. NAME ATTENTION		
14. BIRTHPLACE (city or town)	Name of assessing A Same I	2210
(Stata or country)	Nama of operation Data of What tast confirmed diagnosis? Was there an aut	Para
E 15. MAIDEN NAME DUS JEWN	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:	JUSY! WILL
0 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury DM	L19
(State or country)	Whare did injury occur? (Specify city or town, county and State)	
17. INFORMANT Garma, Cingo (Addrass) Cross St. Cauloude me	Specify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Placa Camberdy Data Del L. V. 1933	Natura of injury	4
19. UNDERTAKERO Climb H Bayon (Addrass) Camberial Sant	24. Was disease or injury in any way related to occupation of dacaasad?	20-20
20. FILED 12-28, 19.33. DT. Giebert Merker	(Signed) (Addrass) Amplitudge) M/D.
If more blanks are needed, address State Registrar	PART N Charles Street Baltimore Danish 91 S Nr.	7

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Example 1		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	MARTEAND	
County Dorokesler		Registration Dist. No.
Village or City Secreta	ry	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurred yis mos	ds. How long In U. S. if of foreign birth?yrsmosds
2. FULL NAME //ary	e. /tem	ney
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 27, 193 (Month) (Dat) (Year)
ia. If married, widowed, ordivorced HUSBAND of (or) WIFE of	Kinney	22. I HEREBY CERTIFY, Ihat I attended deceased fro
5. DATE OF BIRTH (month, day, and year)	ay 15 1867	I last saw h alive on A 2 12/27, 19.33; death is sai
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at 4m.
667	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows.
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	use work	Weldelion of Neart Date of once
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data decaased last worked at this pecunation (month and		
10. Data decaased last worked at this occupation (month and	11. Total time (yaars) spent in this	
year)	occupation	Other Contributory Causes of importance:
(State or country)	000	
13. NAME Vellane	Collens	
13. NAME / Velland 14. BIRTHPLACE (city or town) (State or country)	nda	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Henrie	Le Compte	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Henrie 16. BIRTHPLACE (city or town)	2	Accident, suicide, or homicida?
17. INFORMANT Jarges	Kenney	Where did Injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Secret 18. BURIAL, CREMATION, OR REMOVAL Plate and Market D	Dea 30,933	Manner of injury
19. UNDERTAKER To A Wills (Address)	ughly	24. Was diseasa or Injury in any way related to occupation of deceasad?

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	10
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m

1. PLACE OF DEATH	93-0
County Dorchester	Registration Dist. No.
Village or City Gast New Market	No. 2 #/ St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Oyrsmos.	ds. How long in U.S. if of loreign birth?yrsmosds.
2. FULL NAME Serdinand /12	ueger
(a) Residence: No. 6 and New Markett	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR. DIVORCED (write the word) Magnetic	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	A LUEDED V GEDTIEV This benefit and for
Mary Krueger	22. I HEREBY CERTIFY That I attended deceased Irom
6. DATE OF BIRTH (month, day, and years fram . 7-1856	I last saw discalive on Dec J J , 192 J ; deeth is said
7. AGE Years Worths Days If LESS than I day. This.	to have occurred on the date stated above, atm.
or Finin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Myocardetez 1/4,
39 Industry or business in which	abute Dilation I don
work was done, as SILK MILL, SAW MILL, BANK, etc.	
This occupation (month and	
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	
(State or country)	articio Ocherozas 2pg
13. NAME Federal Range 14. BIRTHPLACE (city or town). Currency (State or country)	
14. BIRTHPLACE (city or town). Ourney	Name of operation Date of
(State of country)	What test confirmed diagnosis? Alexand Was there an au'opsy? Mas
15. MAIDEN NAME Course Handy 16. BIRTHPLACE (city or town) Landy (State or country)	23. II death was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
S (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT West / Vision	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAD at how market	Manner of injury
Place Date 1934	Nature of injury
19. UNDERTAKER HIS Holloughly	24. Was disease or injury in any way related to occupation of deceased?
(Address) Loset new market mik	If so, specify
20. FILED Jan (1934 X 5 Parker	(Signed) DR. A. Oliver M. D.
20. FILED Registrar.	(Address) Cambridge his

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	B.—W mat CAI	RITE PL. ion should USE OF I	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement TION is very important. See instructions on back of certificate.	ITH TITH IN	UNEAD upplied. terms, s instruc	ING I AGE • that tions	NK-T should it may	HIS he he of o	IS A stated proper ertifica	PER EX EX IJ cl	WITH UNFADING INK—THIS IS A PERMANENT efully supplied. AGE should be stated EXACTLY in plain terms, so that it may be properly classified. Int. See instructions on back of certificate.	TT REC	ORD. HYSIC t state	Every MANN Sment
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of OCCUPA-

12128 STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1. PLACE OF DEATH			(a)			
	County Dorchester				Registration Dis	st. No.	15
	Village or City Cauhri de		(1f 12 vrs 2 mos	No. Eastern Shore death occurred in a hospital or institution 26. ds. How long in U.S. if of f	n, give its NAME in	stead of street and	number)
		Clayton Le					
•	(a) Residence: No. Talbot			St.,Ward.	If nonesident giv.	e city or town and	State
	PERSONAL AND STATIS			MEDICAL CEI			Dillic
	SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	Dicember (Month)		, 193 ³ (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of				30 to Dec	Laber 11,	1933
-	AGE Years Months 53 5	June 25, Days 27	If LESS than I day,hrs. ormin.	I last saw h_1 alive on to have occurred on the date stated a The PRINCIPAL CAUSE OF DEATH were as follows:		A.m.	; death is sald
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Pulmonary tubercu	losis		7/1/35
12.	BIRTHPLACE (city or town) (State or country)	t.michaul	9	Other Contributory Causes of imports	ince:	************	
ER	13. NAME Perry John Le	13. NAME Perry John Leonard					
FATHER	14. BIRTHPLACE (city or town) Nr. St. Lichaels (State or country)			Name of operation		Date of	
IER	15. MAIDEN NAME Mary Harr	ington		23. If death was due to external cause			
15. MAIDEN NAME Mary Harrington 16. BIRTHPLACE (city or town) Ir. Tilghman's Island (State or country)				Accident, suicide, or homicide?		, 19	
	INFORMANT N.C. S. Ho.pital (Address) Cambrid	Records.		Specify whether injury occurred in I	(Specify city or tow NDUSTRY, In HOME,	or in PUBLIC PLA	e) ACE,
18.	BURIAL, CREMATION, OR REMOVAL Place Caston M.	d_Date / L	23.1933	Manner of injury			
19.	(Address)	id.		24. Was disease or Injury in any way	related to occupation	n of deceased?	0
20.	FILED/2-2/ 1933/	7. Gick	Registrar.	(Signed) Par		werr	M. D.
	If mor	e blanks are needed, a	iddress State Registrar,	2411 N. Charles Street, Baltimore, Requi	esting U. S. No. z.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11-14

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr Meden

PHYSICIANS should state Every item of inforof OCCUPA-Exact statement UNFADING INK-THIS IS A PERMANENT RECORD. stated EXACTLY. properly classified. certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of should be carefully supplied. -WRITE PLAINLY, WITH mation m ż

1. PLACE OF DEATH		5
County Journal	Nogistration Dist. No.	
Village or City 14 mg a	NoSt., If death occurred in a horpital or institution, give its NAME instead of street and nu	wher)
	sds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME Shir Com und and I		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and S	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Rate
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day)	193 3
5a. If marriad, widowad, or divorced		(Taar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended do	
	Dev. 18 , 1933, 10 12 / 19.	, 19.3.5.
6. DATE OF BIRTH (month, day, and year) Lee. 18-1933	I last saw h Atilaholom Loe 18, 1933;	death is sale
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the data stated above, at 1 1 2m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
ormin.	ware as follows	Date of onset
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	1	
SAWYER, BOOKKEEPER, etc.	The som	
9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc.	Memahusuha	
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yaar) occupation	ena uno ym. c/2	hs.Z
12. BIRTHPLACE (city or town) Homa a	Other Contributory Causes of importance:	
(State or country)	Julia	
13. NAME ame Summons		
13. NAME ame Summers 14. BIRTHPHACE (city or town) Church Creek	Name of operation Data of Data of	
(State or country) man 2 and	What test confirmed diagnosis? Should be Was thara an au	tonsv? h
15. MAIDEN NAME Vellie Lewis	23. If death was due to externel causes (VIOL ENCE) fill in elso tha following:	
15. MAIDEN NAME Vellie Lewis 16. BIRTHPLACE (city or town) Tishing Geels,	Accident, suicide, or homicide?	19
(State or country) many and	Where did Injury occur?	
17. INFORMANT Nellis Seuris (Addrass) (-1 on ga, hol.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	DE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Place 1 + con cy on man Date 1 Dec: 17, 19 33		
19. UNDERTAKER Mellin Lewis (Addrass) Horaca, mo	24. Was disaasa or injury in any way related to occupation of dacaased?	2
20, FILED Den. 18, 19.33 James. heale	(Signad) ance we have a company of the acceptance of the company o	M.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago TASKSTRAI Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	PACE F	OR FURTHER	STATEMENTS	RY	PHYSICIAN

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1	6		r's	7 h
1	4	L	3	0

	10-)			. ,
		Registration Di		1.6
No. Ca	whily	es mi		Ward
	a hospital or institution			number)
osds. Ho	w long in U.S. if of f	oreign birth?	yrsm	osds.
rall				
St.,	Ward.			
		If nonresident gi	ve city or town and	State
	MEDICAL CE	RTIFICATE	OF DEATH	
21. DATE (OF DEATH	526	. 2	-
		(Month)	(Day)	(Year)
			(,,	
22. 195	HEREBY	CERTIFY	That I attended	deceased from
	1	er . 3		
	alive on		, 19.2.3.	_; death is said
	d on the date stated			
were as follows	L CAUSE OF DEATH	end related causes	of importance	Date of onset
				-
206	npun	mon r/2	orlice	-
Ples	viny			
	•			-
Other Contribut	tory Causes of imports	ance:		
		me		
Name of operat	ion	774	Dete of	
Whet test confi	rmed diagnosis?		Was there an	au'opsy?
23. If death was	due to external cause	s (VIOLENCE) fill i	in elso the following	g:
Accident, suicid	le, or homicide?	Da Da	te of Injury	, 19
Where did injus	y occur?	(C:(:	16.	
Specify whethe	r injury occurred in 1	NDUSTRY, In HOM	wn, county and Sta E, or in PUBLIC PL	ACE.
Manner of Inju	ry	m		
Nature of injur	y			
24. Was disease	or injury in any way	related to occupat	ion of deceased?	no
if so, specify _				
(Signed)	Tu	y Slul	4	M. D.
(Ac	dress)	and	whe h	Mr

V. S. No. 1

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	CERTIFICATE OF DEATH 12131
County Darchestan	Registration Dist. No. 6/
	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
52. FULL NAMEGULLELT O MC	ds. How long In U.S. if of foreign birth?yrsmosds
(a) Residence. No. / Y / Was flat of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. W married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1 25 1933 to 12 3 1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h. 221 alive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Freumoina (Fobat) Date of onset 1-26
12. BIRTHPLACE (city or town) Cambridge Mod (State or country) Mod	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town). Charles (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? N
15. MAIDEN NAME DUSTING 16. BIRTHPLACE (city or town) Cambridge (State or country) 17. INFORMANT Matter and Market	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place CLUME Combate 19 10 7, 19 33	Manner of Injury
19. UNDERTAKER Lemb H Bayma (Address) Kamberiage nd	24. Was disease or injury in any way related to occupation of deceased? No
20. FILED LLC. 6 , 19 33 DT. Gillet Mechanis	(Signed) (Address) 222 June H., Cambridge, Md
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting 7) S. No. 7

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MADVI AND	CERTIFICATE OF DEATH
	CERTIFICATE OF DEATH 12132
1. PLACE OF DEATH	
County County	Registration Dist. No.
Village or City	ND. CO. Will Com. St. / Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
G ON 14.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Million	7
(a) Residence: No.	V St., / Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
QR DLVORGED (write the word)	21. DATE OF DEATH / 7 6 193.3
f. Lollow.	(Month) (Day) (Yeer)
5å. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WiFE of	/ アーン 6 1937 to / アーン 6 1933
6. DATE OF BIRTH (month, dey, end yeer) /V-V6-/733	i last saw h Canwell - Dun 19 death is said
7. AGE Years Months Days If LESS then	to heve occurred on the date steted above, at 9. P. m.
Still - Com 3 Jday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	were es follows: Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date secondation (month and this occupation (month and this occupation (month and this occupation (month and this occupation).	13 mills - 12 12
9. Industry or business in which	du to originale
work wes done, es SILK MILL, SAW MILL, BANK, etc	otovan 173
a - I Shell III (III)	
yeer) occupetion	Dther Contributory Causes of Importence;
12. BIRTHPLACE (city or town)	billet controlled of importance.
(State or country)	
13. NAME Croby Many	
14. BIRTHPLACE (city or town)	Name of operation Determine
(State of country)	What test confirmed diegnosis?
15. MAIDEN NAME / Seatrier Messig C.	23. If deeth was due to external ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME / Seatrier Mussing C. 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Dete of Injury19
Stete or country)	Where did injury occur?
17. INFORMANT Cracking Lungsley.	Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Confluence of the co	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Dete / - 76 , 1933	Neture of injury
19, UNDERTAKER Couchy wayley.	24. Wes disease or injury in any wey related to occupetion of deceased?
(Addiess) wife to the .	If so, specify
20. FILED/ V-27 1933 D7 Get Junyle	(Signed) Fulful runglus M.D.
Registrar.	(Address) Combade and
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. z.

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Example I	de de la companya de	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU TO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
· · · · · · · · · · · · · · · · · · ·			1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	1. PLACE OF DEATH	12133
	County Ducturette.	Registration Digt. No. ///
	Village or City Williams Cond	- No. Cambridg 1 Apporter Word
	Length of residence in city or town where daath occurred	death occurred in a horpital or institution, give/its NAME instead of street and number) ds. How long in U.S. if of fareign birth?
	1 - 5 0 / C	
	2. FULL NAME COST Spring	u ugge Vinder
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
n	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
1	Mel Calara mired	(Month) (Day) (Year)
	5a. If married, wildowed, or divorcad HUSBAND of	22. f HEREBY CERTIFY. That I attended deceased from
	(or) WIFE of	Dec 14, 191), 10 Dec 27, 191)
•	6. DATE OF BIRTH (month, day, and year) 190 1. Det. 5	I last saw har alive on Dec 17, 1923; daeth is said
Icar	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10-06 m.
	37 2 DD 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
20	8. Trade, profassion, or particular kind of work done, as SPINNER.	
2	Shind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and spent in this occupation (month and spent in this spent in the spent in this spent in the	Deftreagma Des 13
nac	work was done, as SILK MILL, SAW MILL, BANK, atc.	(Guerfeeraly)
=	10. Data deceased last worked at this occupation (month and spent in this.	4 mor misearrioge
2	year) occupation	Other Contributory Causes of Importanca:
0133	12. BIRTHPLACE (city or town) faul mech	
	(State or country)	
=	13. NAME 3 Cluck young	
200	14. BIRTHPEACE (city or town).	Name of operation
	(State of Country)	What tast confirmed diagnosis? Lancal. Was there an autopsy? . Ho
a la	15. MAIDEN NAME Mile Charles 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to external causes (VIOL ENCE) fill In also that following:
	16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicida? Data of Injury, 19 Where did injury occur?
	0 2 1 10 1 10 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	17. INFORMANT (Address)	Specify whether thighly occurred in Hebbert, in Home, of the folial period.
-	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Child Walle J. 19 33	Nature of Injury
2	19. UNDERTAKER Llung HB on	24. Was disaase or injury In any way ralated to occupation of deceased?
_	(Address) a anderdayit and	If so, specify
	20, FILED/2-30, 1933 D) Hary Muy Lin	(Signed) D. J. Threse M. D.
	Registrar.	(Address) Carefredge
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUREAU Y. S.			
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

B.-WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH PHYSICIANS should state of OCCUPA.

_	OI.	DLA	LAR	- 4	~ 1	(,

1. PLACE OF DEATH	
County Dorchester	Registration Dist. No. 116
Village or City Linkwood, Md (11	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred yrsmos	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillborn Inder	
(a) Residence: No. Linkwood M (Usual place of abode)	A. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORGED (write the word)	21. DATE OF DEATH Le 14 , 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) Ple 14, 1933	I lest saw h alive on Dec 14, 1973; deeth is seid
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated ebove, et. //m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
9 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc	Stillon
9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc	
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed lest worked et this occupetion (month end yeer) 11. Totel time (years) spent in this occupetion	
12. BIRTHPLACE (city or town) Dorchester Co- (Stete or country)	Other Contributory Causes of importence:
13. NAME Carl Pinder	-
13. NAME Carl Pinder 14. BIRTHPLACE (city or town) Deschister (State or country)	Neme of operation Dete of
(State of country)	Whet test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME lagge young	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mary L. Pindle (Address) Cambridge R. J. P. III Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece 12 session Dete 14-14, 19.33	Neture of Injury
19. UNDERTAKER Carl Punder fother	24. Wes disease or injury in any way releted to occupation of deceased?
20 FILED 12 - 14 10 33 D. Aillyat 9 Mickey.	(Signed) Sun Jump De

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
खि ख	Part 1		
Other contributory causes of importance:	60/	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF	MARYI	AND-	-CERTIFIC	ATE	OF	DEA	TH
--	----------	-------	------	-----------	-----	----	-----	----

1. PLACE OF DEATH	r MAK	I LAND		135
County Dorchester			Registration Dist. No. II6	11011
Village or City 1801501,	•		No. St., f death occurred in a hospital or institution, give its NAME instead of street and r	Ward
Length of residence in city or town where d			sds. How long in U.S. if of foreign birth?yrsme	osds.
2. FULL NAME Sarah C.		S .		
(a) Residence: No. 2115	Oil, C. (Usual place of	of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF DEATH December, 29th, (Month) (Dey)	, 193 (Year)
5a. If merried, widowed, or divorced HUSBAND of Late Wm.D.	Sanders	•	22. I HEREBY CERTIFY, That I ettended	deceesed from
6. DATE OF BIRTH (month, day, end yeer)	1/8/185	3	1 lest sew h elive on we ore 1937	; death is said
7. AGE Years Months	Days	If LESS than	to heve occurred on the date stated ebove, at 4 • 55 m. •	
80 I	21	l dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance were es follows:	Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	ouse To	rk	Tal thursday h	
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	X		suprendial insubficional	
10. Dete deceesed lest worked et this occupetion (month end yeer)	11. Totel ti	me (yeers) It in this petion		
12. BIRTHPLACE (city or town) DOTCARS (Stete or country)	ter Co		Dther Contributory Causes of importance:	
I 13. NAME William Trego				
13. NAME illiam Tresc 14. BIRTHPLACE (city or town) Doro (Stete or country)	hester aryaln	Co	Name of operation Date of Whet test confirmed diagnosis? Wes there en e	utoney?
15. MAIDEN NAME Caroline	Reene.		23. If deeth wes due to external causes (VIDLENCE) fill in elso the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	chester ary	Co.	Accident, suicide, or homicide?	, 19
17. INFORMANT Ina. D. Sand (Address) ad ison	lers.		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL/	e) ACE.
18. BURIAL, CREMATION, DR REMOVAL Place Sdison, d.	DeteT2/	/3I/3 _{,19} •	Menner of Injury	
19. UNDERTAKER Granville (Address) Cambrid	LeCon	inte.	24. Wes disease or Injury in any wey releted to occupation of deceased?	
20. FILED 12-3/, 19.3.3.6.	plhech	E. Meeke Registrar.	(Signed) Cambrille Wh.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PHENAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

0	item of infor-	S should state	of OCCUPA-)
•	RECORD. Every	PHYSICIAN	Exact statement	/
OR BINDING	A PERMANENT	ated EXACTLY.	operly classified.]	tificate.
ED F	HIS IS	be st	r be pr	r of cer
MARGIN RESERVED FOR BINDING	H UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor-	y supplied. AGE should be stated EXACTLY. PHYSICIANS should state	in terms, so that it may	See instructions on back of certificate.

	S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	136
1. 1	PLACE OF DEA					
	County Dorche				Registration Dist. No. II) }
	Village or City Hi	.11s Poi	t d.		No. St., of death occurred in a hospital or institution, give its NAME instead of street and s	Ward
	Length of residence in ci	ity or town whara	daath occurred5	yrsmos	sds. How long in U.S. if of foreign birth?yrs,me	iumber)
2. 1	FULL NAME					
	(a) Residence: No.	Hills			St., Ward.	
			(Usual place		If nonresident give city or town and	State
• 0EW	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3. SEX		R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 10th (Month) (Day)	,193.5 (Year)
н	married, widowed, or divo USBAND of or) WIFE of	tie J.	Groll.		22. I HEREBY CERTIFY. That i attended	
6. DAT	E OF BIRTH (month, day	v. and year)	7/26/188	0		; deeth is said
7. AGE		Months	Days	If LESS than	to have occurred on the date stated above, at Q . IQ m	, adotti to sato
	53	2	14	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	
2	R. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE Industry or business in	as SPINNER, PER, etc which	Farmer		Sareoma of skull &	0ate of enset 19 Z 6 1933 D
מכנת	work was done, as S SAW MILL, BANK, of Data decaased last wor this occupation (mo	rked et	II. Total t	ime (years) nt in this 38		
12. BII	RTHPLACE (city or town) (State or country)		0071	ounty	Other Contributory Causes of Importance: Terminal Particles fulumonica	Dec 7
E 13	NAME 1 1ex	cander S	seward.			
13	. BIRTHPLACE (city or to (Stata or country)	wn) Dorch	nester C	ou ty	Name of operation	
15	. MAIDEN NAME	Sarah J	Mheatl	е	What tast confirmed diagnosis?	
15	. BIRTHPLACE (city or to (State or country)	wn) Doro	hester arylan	County	Accidant, suicida, or homicida? Data of Injury	
17. INF	ORMANT Hatt (Address)		everd.	.0.	(Specify city or town, county and State Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BUI	RIAL, CREMATION, OR R	EMOVAL	Date I24	12/35.	Manner of Injury	
	. (21) 01		Ingon	te.	24. Was disease or injury In any way related to occupation of dacaasad? If so, specify (Signed) Jelented	no
O. FIL	ED/2-3/1,1	19-33-12.	MIKE	Resistrar.	7 (Addrass) 126 Race & Camb	well ?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------------	---------	------------	----	-----------

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

| 1. PLACE OF DEATH County Village or City Registration Dist. No. Registration Dist. No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth? yrs. ds. |
|--|---|
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Personale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) | 21. DATE OF DEATH Dec, 18, 193 33 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Atter-born The state of the state | 22. I HEREBY CERTIFY, That I attended deceased from Old 18, 1933, to Mac 18, 1933 |
| 6. DATE OF BIRTH (month, day, and year) / - / 4-/ 533 | I last saw h.e. aliva on Ace 6 |
| 7. AGE Years Months Days If LESS than | to have occurred on the data stated above, at |
| still bom wy 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or coyntry) | Other Contributory Causes of Importance: |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) | Name of oparation Date of Was there an autopsy? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or pountry) 17. INFORMANT (Address) | 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL Place 19 19 19 19 19 19 19 19 19 19 19 19 19 | Manner of injury |
| 19. UNDERTAKER Harthard Comments of the Confession Splen med | 24. Was disease or injury in any wey related to occupation of deceased? If so, specify |
| 20. FILED (V-1) 1933 W. Geller Wey to Registrar. | (Signed) M. D. (Address) Cambridge md |

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Other contributory causes of importance:	1000000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

OCCUPA.

3. SEX

7. AGE

OCCUPATION

FATHER

certificate.

See instructions on back

very important.

TION

mation

V. S. No. 1

Female

(or) WIFE of

5a. If married, widowed, or divorced HUSBAND of

6. DATE OF BIRTH (month, day, end year)

8. Trade, profession, or particular kind of work done, as SPINNER,

9. Industry or business in which work was done, as SILK MILL.

SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and

SAWYER, BOOKKEEPER, etc.

Years

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town) (State or country)

13. NAME

plnous

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

> 11. Total time (years)
> spent in this occupation

If LESS than 1 dayhrs. or min.

idoned

4/26/1855.

Days

PERSONAL AND STATISTICAL PARTICULARS

Robert

Months

4. COLOR OR RACE

White

Registration Dist. No. II6	
No. St., St., leath occurred in a horpital or institution, give its NAME instead of street and number of the long in U.S. if of foreign birth? yrs. mos.	ber)
St., Ward. If nonresident give city or town and Stat	e
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH December 12th, 19 (Month) (Day)	3 ⁵ (Year)
22. I HEREBY CERTIFY, That I attended dece 1933, to Sel // I last saw h 2 alive on Sel // to have occurred on the date stated above, at 1 4 5 m. •	19.33.
The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: Decenalized asterio selectorio Chronica deffuse neffbrites	ate of onset
Other Contributory Causes of importance:	
Name of operation Date of Date of What test confirmed diegnosis? Clusical Was there an au'op	sy?ไ.เอ
23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?	, 19

MOTHER 16. BIRTHPLACE (city or town). (Stete or country) 17. INFORMANT Lettie Sneller (Address) uso. 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) Registrar.

Dorchester

24. Was disease or injury in any way related to occupation of deceased?... If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PEREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	ĺ
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1	1	1
1	1	1
-	mon &	
	1	1

1. PLACE OF			TLAND	CERTIFICATE (OF DEATH	141
County	Porcheste	1		(5)	Registration Dist. No	116
Village or Cit	, Jork ne	ck, M	d	No.		St.,
Length of reside	nce in city or town where	deeth occurrad		death occurred in a hospital or institut		
2. FULL NAM	E Stillro	m Th	ompso	h -		
(a) Residence	: No. Jork	neck	ma	St., Ward.		
PERSONA	L AND STATIST	(Usual place		MEDICAL CE	If nonresident give city or to ERTIFICATE OF DEA	
	4. COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH	C C DEX	VIII .
M	Col		D (write the word)		Dec 12 (Month) (Day)	, 19
5a. If married, widowad HUSBAND of	, or divorced					
(or) WIFE of				22. Dec 12	CERTIFY, That I a	ttended deci
6. DATE OF BIRTH (m	onth, day, and year)	Dec. 1	2,1933	I last saw halive on.	tillon 12/19	19_3; de
7. AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date state		
			ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related causes of importan	ce D
8. Trada, professi	on, or particular k dona, as SPINNER, OOKKEEPER, atc	non		27.000		
Nork was d	siness in which			- SMICH !	. Las	
kind of woi SAWYER, B SAWYER, B Industry or bu work was d SAW MILL,	one, as SILK MILL, BANK, etc	11 Total I	time (voore)			
o this occupa	ion (month and	spe ocç	time (years) ent in this upation			
12. BIRTHPLACE (city	or town) For	& neck		Other Contributary Causes of impo	rtance:	
(State or countr	(v)	0	ma			
13. NAME	Lewis -	homy	son			
I4, BIRTHPLACE (rk Nic	k	Name of operation	D.	ata of
置 15. MAIDEN NAME	aline	. Wils		What test confirmed diagnosis? 23. If death was due to external cause		ere an auto
15. MAIDEN NAME	ity or town) To	ik ne	ek	Accident, suicide, or homicide?		
∑ (Stata or co		2.0	ma	Where did injury occur?		
17. INFORMANT	Lesvis	Thom	prom	Specify whether Injury occurred in	(Specify city or town, county INDUSTRY, in HOME, or In PUE	and State)
(Address) 18. BURIAL, CREMATIO	N, OR REMOVAL	ork / le	h, ma	Manner of injury		
Place	ik neck	Modate Lec.	13.,193.3	Nature of injury		
19. UNDERTAKER	Ewis Thor	vason -	Sather	24. Was disease or injury In any wa	y related to occupation of decea	sed?
(Address)	Jork nech	ma	0	If so, specify	L. TEXALL	16
20. FILED 12-1	3 1933 2/1	gillow	t & Mekin	(Signed) (Address)	and the	1
	If more	banks are needed		2411 N. Charles Street, Baltimore, Req		

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(92-0)
county Wordhesler 5,	Registration Dist. No. 1 VB
Village or City was Hurlock	No. St., Was death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 29 yrs	
2. FULL NAME Martha, a. O. od	
(a) Residence: No. Kurlotk	St., Ward.
(Usual place of abode)	If nouresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (pric the word)	21. DATE OF DEATH (Month) (Year) (Year)
5a. If married, widowed enginorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fr
sely one co on	Vic 1 19,35, to 2006 17, 195
6. DATE OF BIRTH (month, day, and year) aug 1/ 1860	I last saw have alive on Alec 17, 1935; death is s
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Om.
1/3 4 6 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Chionic endocardiles 2700
SAWYER, BDDKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Fibroid turner of returns,
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spont in this occupation	Duration 1 nat given & Livig Ra
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	orbraid llower of alegornon.
	f caerus
E TROUBLE Y TO WE WENT	
(State or country)	Name of operation
The second second	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME O Marth Carmine	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Synabeth Carmens 16. BIRTHPLACE (city or toyth)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Millary VIII	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Turbol Date (18) 1,19(3)	Nature of injury
19. UNDERTAKER \$1/2 \\ (Address) \\ (Address)	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Dec 18, 1933 Chas W Hashing	(Signed) (Address) M

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

1. PLACE OF	se chief	_		(31)		116
County	Contact	·		~ · · · · · · · · · · · · · · · · · · ·	Registration Dist. No	1.1.10
Village or Cit	y cami	ulge		MoNo	tution, give its NAME, instead of street	st.,Wai
Length of reside	nce in city or town wi	here death occurred		sds. How long in U.S. if		
2. FULL NAM	E Dear	a. O.				
	1 1	D A S	The same of the sa	At 14. 4		
(a) Residence	MARCH TO THE RESERVE		e of abode)	St., Ward.	If nonresident give city or tov	
-		ISTICAL PART	TICULARS		CERTIFICATE OF DEA	ТН
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	411 20	
male	Colored	men	/	- Accer	(Month) (Day)	(Year)
5a. If married, widowed HU3BAND of	I, or divorcad	1			V CEDTIEV THE	
(or) WIFE of	Leeny	, surp	n	nomember 5	Y CERTIFY, That I att	
C DATE OF BARTH (-	A decrease of the second	The 1	11 1864	i last saw h alive on	• • • • • • • • • • • • • • • • • • • •	33 ; death is s
6. DATE OF BtRTH (m		s Days	if LESS than	to have occurred on the date sta		5-2-3-, Geath 13 3
6		. 9	l day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and related causes of importance	0
9 Trada prôfesa	1	1 /	ormin.	were as follows:	1-1/	Oate ol on
kind of wo SAWYER, E	rk done, as SPINNER OOKKEEPER, etc	Sun Sal	bores	Chance 14	a de de f	193
✓ 1 9. Industry or bu	siness in which			by Gating	and received	193
	lone, as SILK MILL, BANK, etc			- and a		1
10. Data deceased		11. Total	time (years)			
year)		936 00	ent in this 50	Other Coatributory Causes of imp		
12. BtRTHPLACE (city	or town)Ca	issield		Other Coathbutery Causes of fill	portance.	
(Stata or count	у)	my				
13. NAME ' (Ulfred	Durpin				
14. BIRTHPLACE (city or lown) C	usduld		Name of operation	Oal Oal	te of
(State of C	ountry)	my		What test confirmed diagnosis?	Clinical Was the	ra an autopsy?
15. MAIOEN NAM	unker	awa.	THE RET		auses (VIOLENCE) fill in also the fo	
16. BIRTHPLACE	city or town)	ismild		Accident, suicide, or homicida?	Date of injury	
∑ (State or c		4 1		Where did injury occur?		
17. INFORMANT	em. S) and a sim		Specify whether injury occurred	(Specify city or town, county a in INDUSTRY, in HOME, or in PUBL	nd State) .ic PLACE.
	+ 6 Gark	Shre				
18. BURIAL, CREMATIC	N. OR REMOVAL	1	0.1	Manner of injury		
Place Del	my X some	MyDate	C 24, 19 3 8	Nature of Injury		
19. UNOERTAKER	MMO	Mlais	/		way related to occupation of decease	
(Address)	santh	ad an	MI	If so, specify		
20, FILED / 2 - 3	2 326	In Steal	At In	(Signed)	umstelm	
	h-k 19 4	1- Vich	LA WHEDI	M /		

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Example I	and the second s	Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	IENTS BY	PHYSICIAN
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certificate.

state

of OCCUPA. plnods

STATE OF MARYLAND-CERTIFICATE OF DEATH

1		20	A	6
- 2	3		4	1
	~	- 4	- 8	200

1	. PLACE OF	DEATH			82:0	
	County	Dorchester			Registration Dist.	No. //
	Village or City	y Cambridg	e		No astern Shore State Hospi	tal St. Ward
	Length of raside	enca in city or town where	death occurred 8	(If yrs7mos	death occurred in a hospital or institution, give its NAME insteads. How long In U.S. if of foreign birth?	ad of street and number) yrsds.
2	. FULL NAM	E Ida B	elle Varne	er		
	(a) Residence	: No. Springfi	eld State	Hospital.	St., Ward.	
			(Usual place of	abode) Sykes	Ville, Id. If nonresident give ci	ty or town and State
9		L AND STATIST			MEDICAL CERTIFICATE OF	DEATH
3.	Finale	4. COLOR OR RACE		(write the word)	21. DATE OF DEATH December 26. (Month)	, 193 ⁵ (Day) (Year)
5a.	If married, widowed HUSBAND of	f, or divorced			22. I HEREBY CERTIFY, TI	hat I attended described from
	(or) WIFE of				April 3, 1933 to Dece	mbar 26. 1933
6	DATE OF BIRTH (m	onth day and year)	1866, Rest	Unknown		19 33 : death is said
	AGE Years		Days	If LESS than	to have occurred on the date stated above, at 5:10A.	
	67	Unknow	Unknown	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of in were as follows:	
z	8. Trada, professi	on, or particular			were as rollons.	Date of onset
10	SAWYER, B	rk done, as SPINNER, IODKKEEPER, ctc	None)	Apoplexy	Instan-
OCCUPATION	tndustry or but work was d SAW MILL,	isiness in which Ione, as SILK MILL, BANK, etc		None		taneous
00		last worked at tion (month and	11. Total tim spent occup	le (years) In this ation_None		
12	BIRTHPLACE (city	or town) Tim	known		Other Contributory Canses of importance:	
14,	(State or countr		id.		Epilepsy (Grand Mal)	64 yrs
ER	13. NAME	Jo	hn W. Jarne	er		Y.F. J. A. P.
FATHER	14. BIRTHPLACE (city or town)	Unknov	m	Name of operation	Date of
	(State or co			ild.	What test confirmed diagnosis?	
ER	15. MAIDEN NAMI	I Ja	ne Whithy		23. If death was due to external causes (VIOLENCE) fill in al.	
MOTHER	16. BIRTHPLACE (c)	city or town)	Unknown	1	Accident, suicide, or homicide? Date of	•
17.	INFORMANT		mital Reco	rds	(Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, or	county and State) r In PUBLIC PLACE.
18.	BURIAL, CREMATIO			embridgery	Manner of injury	
	Place Last.	am Show State	120ale 12	2.719.3.3.	Nature of Injury	
19.	UNDERTAKER (Address)	tranke	del lu	ugle d.	24. Was disease or injury in any way related to occupation if so, specify	f deceased? No
20.	FILED. 12-27) ,19.33 Ar.	fielant F.	Machine !	(Signed) harles day	ourre M. D.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			93-0		
County Dorchester	***************************************		Registration Dist. No.	0	
Village or City Galesto Length of residence in city or town where				Ward	
2. FULL NAME Harry					
(a) Residence: No.	(Usual piace	٠	St., Ward. If nonresident give city or town and	l State	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	., 193(Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Whe	eatley		22. 1 HEREBY CERTIFY, That 1 attended	1933	
6. DATE OF BIRTH (month, day, and year Ju. 7. AGE Years Months 32	Days	90T If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is said	
8 Trade profession or particular		ormin.	were as follows: Wronce Thyse asdeles	Date of ogset	
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc			<i>V</i>	-	
10. Data deceasad last worked at this occupation (month and yaar)	11. Total ti spar occu	me (yaars) nt in this npation	Other Contributory Capses of importants:	-	
12. BIRTHPLACE (city or town)			Coute A please also ferre	171	
13. NAME Edward Whea	atley		9		
14. BIRTHPLACE (city or town)140	3		Name of operation Date of What test confirmed diagnosis? Was there an a		
15. MAIDEN NAME Fannie F:	isher		23. If death was dua to external causes (VIOLENCE) fill in also tha following	g:	
15. MAIDEN NAME Fannie F: 16. BIRTHPLACE (city or town)			Accident, suicide, or homicida? Date of injury Where did injury occur?		
17. INFORMANT Fannie Whe: (Address) Seaford	D		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place WHeatley		12 , 193	Manner of injury		
19. UNDERTAKER W.D. Graveno: (Address) Sharptown			24. Was disease or injury in any way related to occupation of deceased?	lu M	
2D. FILED 2 4 C / 2 19 33	1 / Castl	Registrar	(Address) Haughtown h	ud.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		• •	

	state	STATE OF MARTLAND—	CERTIFICATE OF DEATH		
	in st	1. PLACE OF DEATH	Registration Dist No. // O		
,	should of	County 7 Bar 2 Color	Registration Dist, No. 170		
	shor of O	Village or City Kee (If a	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
		Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.		
	Every CIANS ement	2. FULL NAME IMaplie of Whe	atley		
	RD. J	(a) Residence: No. Peids Trave	st., Ward.		
		(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
	RECO . PH Exact	3_SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
		OR DIVORCED (regrice the word)	QUC 26 193 3		
5	TLY TLY led.	5a. If married, widowad, or divorced	(Month) (Day) (Year)		
DIC	X A C T I classified.	(or) WIFE of Potent Mathey	22. HEREBY CERTIFY That I attended deceased from		
Z)H000[0	D. P. 110 Marg	Hast saw harry alive on the 18 3 death is said		
A	IS A PE stated E properly certificate	6. DATE OF BIRTH (month, day, and year) (1885) 8 7. AGE Yaars Month Days If LESS than	to have occurred on the date stated above, at 3 P. m.		
O.K	IS A I stated properl ertifica	7.5 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
74	20	1 9 Techn profession or postigutor	General Paraly Ser 12-15-		
E	HIS be be of	Kind of work done, as SPINNER, Sawle Work			
>	ould may back	9. Industry of Dusiness in Which			
至	Sh sh it it	U 10. Date deceased last worked at 11. Total time (years)			
3		this occupation (month and spant in this year)			
7	NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:		
	ed.	(State or country)			
AK	Ppli ppli erm ins	I 13. NAME Herry Collins			
E.	fi Ui sup iin te See i	4. BIRTHPLACE (city or town)	Name of operation		
	ritr pla	(State of Country)	What tast confirmed diagnosis? Was there an aulopsy?		
	AINLY, WITH Id be carefully subEATH-in plain y important.	E ACCES ACCESSION	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
	Ca TH Por	State or country)	Accident, suicide, or homicida?		
	DEA im	17. INFORMANT Havey Wheatley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
	E PLA should OF D	(Address)			
	she E O is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
		Plate a et flew flow bata free 40,19,30	Natura of injury		
_	-WRIT	19. UNDERTAKER H. Hillow Phoy	24. Was diseasa or injury In any way related to occupation of deceased?		
0	B	(Address) Past New Maket	If so, specify		
/2 >	z o	20. FILED Ne 23, 19 33 6 hu Wot as tinga	(Signed) M. D.		
		Registrar.	(Address) / / / / / / / / / / / / / / / / / /		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

B

(Address)

(Address)

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVAL

1	STATE OF MARYLAND	CERTIFICATE OF DEATH
	Village or City Cambridge and	Registration Dist. No. No. No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2		ds. How long in U.S. if of foreign birth?yrsmosds.
	(a) Residence: No. / Ham Mar Mas, Dum (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
_	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Ja.	If married, widowed, or divorced HUSBAND of (or) WIFE of William Walter Willia	22. DI HEREBY CERTIFY, That I attended deceased from 1933, to Use. 23 1933
_	DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated ebove, et. 4.32 Pm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
PATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEEPER, etc	Myseastial mentioned 12-23-
OCCU	work was done, as SILK MtLL, SAW MILL, BANK, etc	J
12.	BIRTHPLACE (city or town) Pouhsoto Co (State or country)	Other Contributory Canses of Importance:
HER	13. NAME ym Robert Randall	
FAT	14. BIRTHPLACE (city or town) (State or country)	Name of operation
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. tf death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
×	(State or country)	Where did injury occur?(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrate

Manner of injury

(Address)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased? L

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1827-3-13

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12146
1. PLACE OF DEATH	(Re)
courty Noz. Co. Me	Registration Dist. No.
Killage or City Cambridge	ND. St., Ward
^	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 136 Woshing Lan (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yeer)
HU3BANO of Cor Welson Welson	22. HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dac will 875	I last saw h_2/2 alive on, 19; deeth is seld
7. AGE Years Months Oays If LESS than 1 dey,hrs.	to have occurred on the date steted above, at. 2m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, es SPINNER, Ause Work SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	The state of the postalets of the state of t
11. Total time (yeers) spent in this year) 12. Total time (yeers) spent in this occupation year)	
12. BIRTHPLACE (city or town) Cambudy RF hO (State or country) Har Cot ma	Other Contributory Causes of importance:
13. NAME Michael Thomas	
13. NAME Michael Chomos 14. BIRTHPLACE (city or town) Cambud se	Neme of operation
(State of country)	Whet test confirmed diagnosis?
16. BIRTHPLACE (city or town). Curturely	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Selection White (Address) 6-6 miles mode	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Beskel Centely Oate Bes 14 19.92	Manner of injury
19. UNDERTAKER IN Se Coantaly Miles St Cambrily Mil	24. Wes disease or Injury in any way related to occupation of deceased? If so, specify
20. FILEO Dec. 13., 19.33 h). Lebert Mer. Registrar.	(Signed) Address) 222 Jan J. Canhridge Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RURRAU V 2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12144
1. PLACE OF DEATH	(131)
County Mozellesson	Registration Dist. No.
Village or City bancholg	No. St., Ward
A Company of the Comp	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	1 60
2. FULL NAME OR CE DOOR U	volfind
(a) Residence: No. (Usual place of about)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(11)
(or) WIFE of Tommal wellow	22. I HEREBY CERTIFY, That I attended deceased from
See .	1930, 10 200, 26, 1933
6. DATE OF BIRTH (month, day, and year) // 2 6 // 7. AGE Years Months Days If LESS than	I last saw have alive on Jesus, 19,13; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated abova, at Sm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
6 9 Ormin.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Lapleas SAWYER, BOOKKEPER, etc	
9. Industry or business in which	Macura Sec/-J
work was done, as Stlk MILL, Sleam (9 wat	Chrone hoterstitual
10. Date decaased last worked at this occupation (month and 1971) spent in this year) 11. Total time (years) spent in this occupation	Rephirma 1950
12 RIPTHPLACE (city or town) Woolful	Other, Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Michael Mignigutation 1928
13. NAME SUMMER Woolfood	Huber terrion 1950
14. BIRTHPLACE (city or town). We or of order	Name of operation.
(State or country)	What test confirmed diagnosis? Character Was there an autopsy? May
IS MAIDEN NAME Sonah Brooks	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME SCIENT STORY 16. BIRTHPLACE (city or town) WVVV (State or country)	Accident, sulcide, or homicida? Data of Injury 19
E (Stata or country)	Where did injury occur?
17. INFORMANT Podalie Amelliano (Address) Cambro Lega	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL P	Manner of Injury
Place función (ne p Date Dec) 1933	Nature of injury
19. UNDERTAKER Glower Luligram	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Elient College	If so, specify
20. FILED J. J. G., 19. B. J. Glebat . Meeking Registran.	(Signed) De M. D. (Address) Carebridge
If more blanks are needed, address State Registrar	2411 N. Pharles Street Relimore Persetting 91 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

M	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
D D	THIS IS A PERMANENT RECORD. E Id be stated EXACTLY. PHYSIC ay be properly classified. Exact state ck of certificate.
BINDIN	EXACT EXACT ly classifie
FOR	IS A I stated properl certifica
MARGIN RESERVED FOR BINDING	INK—THIS E should be nat it may be son back of
MARGIN F	UNFADING supplied. Ad n terms, so the instruction
1	WEITH refully I in plai tant. S
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E N CAUSE OF DEATH in plain terms, so that it may be properly control is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Or Church	Registration Dist. No. // 6
William or City Carrier la	No. Cauludge M. Hoff fue. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U, S, if of foreign birth?yrsmosds.
2. FULL NAME	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Color OR DIVORCED (write the word)	21. DATE OF DEATH O OC. // (1933- (Year))
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of Yw - Q - Yvvvy	22. I HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Louising 1905	I last saw h_2 alive on 15/10 ,19.3 ; death is said
7. AGE Yaars Months Days I If LESS than	to have occurred on the date stated above, atGCm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin.	wera as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, Lowe Cuife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Jul. Liptilalinia.
9. Industry or business in which work was done, as SILK MILL, CATHONIC SAW MILL, BANK, etc	Not a pumperal death. There is no reason to believe that a pregnancy existed no
10. Data daceased last worked at this occupation (month and 4 3 5 compation from the comp	further information. Cugar
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Bui mouth ap. Could
13. NAME WILL A TUMPSTON	Grantustan American fruite fret
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Oete of What test confirmed diagnosis? Was there an au'opsy?
	23. If death was due to external causas (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
Stata or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT John Young (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Quit new luft Date 12/19	Manner of injury
19. UNDERTAKER Plo Mo William of hy	24. Was disease or injury in any way related to occupetion of deceased?
20. FILEON Lee . 1.1. 19 3 3 Dr. Steles FE. Merkens Registrar.	(Signed) Cauching M. D. (Address) Cauching M.
To the transfer of the transfe	N. Ch. J. Street Politimese Property 71 S. No

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
<u> </u>			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 12149
1. PLACE OF DEATH	23)
County of Openedes	Registration Dist. No.
Village or City Linkwood M&	. No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foraign birth?yrs,mosds,
2. FULL NAME RUSSELL GARRIES	
(a) Residence: No. Lenkural ned	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH Wel. 25
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
	M /7/7 , 1933 , to, 19
6. DATE OF BIRTH (month, day, end yaer) March 12, 1908	l lest saw h alive on alive on 199; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and raietad causas of importence
Trade profession or particular	were es follows: Date of onset
Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9) Industry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end this pocupation (month end t	Julin Culo is - Rulmanoy ~
9) Industry or business in which work was done as SILK MILL	Pitmen
work wes dona, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total tima (years)	
O 10. Date deceased last worked at this occupation (month end speed) occupation (month end speed) occupation (Maria (wasts))	
12. BIRTHPLACE (city or town) Alrawlinds	Other Coutributory Causes of importance:
(State or country)	
13. NAME Jackaras Cloung	
14. BIRTHPLACE (city or town) Jan Janger	Name of operation Date of
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) I like Keek (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) & like Meek	Accidant, suicide, or homicida?
(State or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL COM. M. C. 7	Mannar of injury
Place Inkfect Center Dete 12 - 28, 1933	Nature of injury
19. UNDERTAKER Lewis Benneum	24. Was disaasa or injury in any way ralated to occupation of decaased? WO
(Address) Cambridge md.	If so, spacify
20. FILED 12-28, 1933 / Sulbert Mule:	(Signad) Cambridge Mrd.
Registrar.	(Addrass) Caulmy 1 m.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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